



CITY OF SOMERVILLE, MASSACHUSETTS  
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT  
JOSEPH A. CURTATONE  
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

255 WASHINGTON ST.

3 copies

Signed under the pains and penalties of perjury, this 23 day of NOV, 2011.

Kelly A Como  
Signature

KELLY A COMO  
Print Name





**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: \$ 228.00

DATE REC'D: 6-11-10

ACCEPTED BY: [Signature]

DATE ISSUED: 6-11-10

DATE DENIED:

PERMIT NO: 2P-10-5961

1. LOCATION OF PROPERTY (NO. AND STREET) 255 WASHINGTON ST		MAP 73 BLOCK E LOT 24	
2. NAME AND ADDRESS OF PROPERTY OWNER HENRY PATILSON 266 ELIOT ST. NATICK 01760			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER KAPNER & BROOKHUIS			
REGISTRATION NUMBER		TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER BENJAMIN A. DUTCH		TELEPHONE 617 947 7703	
CONST. SUPER. LIC. NO. 021021		H.I.C. REG. NO. [Signature]	
5. ZONING DIST. CBD		TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD 2		<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
7. CURRENT USE(S) AS		PROPOSED USE(S) SUE	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP	
9. ESTIMATED CONSTRUCTION COST \$3,000			
10. WHAT IS THE CONSTRUCTION TYPE? III-B PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. LOT DIMENSIONS AREA		FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE	
12. PROPOSED SETBACKS 0		FRONT YARD 0 REAR YARD 0 RIGHT SIDE 0 LEFT SIDE 0	
13. HEIGHT OF STRUCTURE (FT.) 25'		TOTAL SQUARE FOOTAGE NUMBER OF STORIES 1	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY DAY SITE DISPOSAL		DISPOSAL SITE ADDRESS CAMBRIDGE	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

NEW EXTERIOR AWNINGS. LETTER OF PERMISSION INCLUDED  
AWNING #1 LETTERED "DONNARONG" 8'x8'x4'  
AWNING #2 LETTERED "TRU-LOK, INC." 12'W x 4' HIGH  
-20 SF of signage-

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT  
NOTES: 2. HEAT LOSS INFO REQUIRED  
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent

Print name clearly

Street  
City

State

Phone number where you can be reached days

APPROVED

Inspector's Name and Title

\*\* Building Permit issued pursuant to Massachusetts Building Code Requirements \*\*

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)







**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
**PLEASE TYPE OR PRINT CLEARLY IN INK**

FOR OFFICE USE ONLY

FEE:

DATE REC'D:

ACCEPTED BY:

DATE ISSUED:

DATE DENIED:

PERMIT NO.:

1. LOCATION OF PROPERTY (NO. AND STREET) 255 WASHINGTON ST / 1 SANBORN MAP 73 BLOCK E LOT 24

2. NAME AND ADDRESS OF PROPERTY OWNER KEDNES BEDS REALTY TRUST

3. NAME AND ADDRESS OF ARCHITECT/ENGINEER ALBERTO J. CASE  
REGISTRATION NUMBER 10708 TELEPHONE 617 233 7791

4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER BENJAMIN C. DEYER TELEPHONE 617 917 7703  
CONST. SUPER. LIC. NO. 092999 H.I.C. REG. NO. 152707 SIGNATURE (REQ'D) [Signature]

5. ZONING DIST. CBD TYPE OF PERMIT: ☐ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY  
☐ REPAIR ☐ DEMOLITION ☐ ALTERATION ☐ OTHER

6. WARD 2

7. CURRENT USE(S) B (OFFICE) PROPOSED USE(S) B (RESTAURANT UNDER 40)

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS — USE GROUP B

9. ESTIMATED CONSTRUCTION COST 62000.00

10. WHAT IS THE CONSTRUCTION TYPE? IV PLANS SUBMITTED ☒ YES ☐ NO

11. LOT DIMENSIONS AREA 18000 SQ FT FRONT YARD 10' REAR YARD 10' RIGHT SIDE 110' LEFT SIDE 110'

12. PROPOSED SETBACKS NK FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

13. HEIGHT OF STRUCTURE (FT.) 27' TOTAL SQUARE FOOTAGE 18000 SQ FT NUMBER OF STORIES 1

14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☒ YES ☐ NO  
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER DB # 7-11-09

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO IF YES, GIVE COMMISSION APPROVAL DATE

16. WASTE DISPOSAL COMPANY TIGER, WINDEN MA DISPOSAL SITE ADDRESS CARROLL TOWN

17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED? ☐ YES ☐ NO

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**

(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

AN ALTERATION OF AN EXISTING 1703 S.F. COMMERCIAL SPACE FROM OFFICE  
TO A RESTAURANT SPACE WITH OCCUPANT UNDER 40. NEW INTERIOR  
NON-BEARING PARTITIONS; PLUMBING, WIRING + FINISH WORK. NEW & ADDITIONAL  
FIRE ALARMS, COMPARTMENTALIZED FIRE SEPARATION. NO EXTERIOR WORK.  
NO GAS FITTING OR KITCHEN CONSTRUCTION. ELECTRICAL WORK TO BE RUN  
FROM 200A 3PH 3-4 WIRE TRANSFORMER INSTALLED + INSPECTED LAST YEAR -  
LOAD CALCULATION TO BE SUBMITTED TO ELECTRICAL INSPECTOR.

ARE THE FOLLOWING INCLUDED?

OCCUPYING STREET OR SIDEWALK (1)

YES NO

☐ ☒

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE.